

Attachment A – Total Exposure Study Follow-Up Questionnaire

1. Do you currently smoke cigarettes?

☐ Yes

☐ No (Ask Question 2, then terminate)

2. When you first participated in the study, what was your preferred brand of cigarettes?

_____ [Be sure to capture whether menthol or non-menthol; king size, 100s or 120s; full flavor/regular, medium, light, ultra light or lowest; filtered or not filtered if respondent does not supply the full name.]

☐ Menthol

☐ Non-menthol

☐ King size (Regular)

☐ 100s

☐ 120s

☐ Full Flavor/Regular

☐ Medium

☐ Lights/Milds

☐ Ultra Lights

☐

Lowest

☐ Filtered

☐ Non-filtered

Note: Stop here if answered "No" to Question 1, otherwise continue.

3. What is the name of your current preferred brand?

_____ [Be sure to capture whether menthol or non-menthol; king size, 100s or 120s; full flavor/regular, medium, light, ultra light or lowest; filtered or not filtered if respondent does not supply the full name.]

☐ Menthol

☐ Non-menthol

☐ King Size (Regular)

☐ 100s

☐ 120s

☐ Full Flavor/Regular

☐ Medium

☐ Lights/Milds

☐ Ultra Lights

☐

Lowest

☐ Filtered

☐ Non-filtered

4. Approximately how many cigarettes do you smoke per day? _____

5. Would you say that the total number of cigarettes you smoke per day is the same, higher, or lower than it was when you participated in the study? By "higher" we mean that you have increased the number of cigarettes you smoke per day by at least 5 cigarettes. By "lower" we mean that you have decreased the number of cigarettes you smoke per day by at least 5 cigarettes.

- ☐ *Approximately the same*
☐ *Higher*
☐ *Lower*

6. *Have you switched brands more than once in the past year other than the few times you might have purchased another brand with a coupon?*

- ☐ *Yes*
☐ *No*

7. *Do you have an alternate brand that you smoke at least 20% of the time in addition to your regular brand?*

- ☐ *Yes (Go to Question 8)*
☐ *No (Go to Question 9)*

8. *What is the name of your alternate brand?*

_____ [Be sure to capture whether menthol or non-menthol; king size, 100s or 120s; full, medium, light, ultra light or lowest; filtered or not filtered]

- | | | | | |
|---|--|--|--|--------------------------|
| <input type="checkbox"/> <i>Menthol</i> | <input type="checkbox"/> <i>Non-menthol</i> | | | |
| <input type="checkbox"/> <i>King size (Regular)</i> | <input type="checkbox"/> <i>100s</i> | <input type="checkbox"/> <i>120s</i> | | |
| <input type="checkbox"/> <i>Full Flavor/Regular</i> | <input type="checkbox"/> <i>Medium</i> | <input type="checkbox"/> <i>Lights/Milds</i> | <input type="checkbox"/> <i>Ultra Lights</i> | <input type="checkbox"/> |
| <i>Lowest</i> | | | | |
| <input type="checkbox"/> <i>Filtered</i> | <input type="checkbox"/> <i>Non-filtered</i> | | | |

9. *During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?*

- ☐ *Yes*
☐ *No*

"Thank you for participating."

"We may plan a brief, follow-up study similar to the one you participated in earlier (such as a clinic visit to pick up supplies, a 24-hour urine collection, smoking two cigarettes using a topography device during the urine collection, and a blood draw collection)."

"Would you be interested in participating in such a follow-up study if it is conducted?"

- ☐ *Yes "Thank you. Someone may contact you at a later date to schedule an appointment." (Hang up)*
- ☐ *No "Thank you." (Hang up)*